

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7662	2. Fiscal Year Covered From: 01 / 01 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing.	
Name Nicholas J. DiGiovanni	
P.O. Box, Bldg., Room No., if any	
Street 348 Haverhill Street	
City North Reading	
State Massachusetts	ZIP Code + 4 01864-1445
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	7.a. Nature of interest, Transaction, or Income. N/A
6. Name and address of Employer (including trade name, if any).	7.b. Amount. N/A
Name N/A	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the Instructions.)

Signed Nicholas J. DiGiovanni

On **8-8-05**
Date

978-658-5320
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Northeast MA Carpenters ATF**Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street **350 Fordham Road Suite 201**City **Wilmington**State **Massachusetts** ZIP Code + 4 **01887-2174**

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **N/A**Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

11.a. Nature of such dealing.

Fund for training of Local's apprentices.

11.b. Approximate dollar value of such dealing.

\$197,073.00

12.a. Nature of interest held or income received.

Trustee attended conferences, training, graduation and related functions during the year.

12.b. Amount.

\$3,000.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **N/A**Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?

14.a. Nature of payment.

N/A

14.b. Amount of payment.

from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended Form LM-30.

Jackson D. Glenn

Date: 8-8-05